

**Montana WIC Program
Participant Compliance Form**



Local Agency: _____ Clinic Site: _____

WIC Staff: _____ Date Reported: _____

Participant/Guardian's Name: _____ Participant ID#: _____

Benefit #'s	Date Issued
_____	_____
_____	_____
_____	_____

Type of Alleged Participant Abuse
INSTRUCTIONS: Check the box that applies

<input type="checkbox"/>	Knowing falsified eligibility information.	<input type="checkbox"/>	Deliberate alteration of WIC benefit.
<input type="checkbox"/>	Dual participation.* Assessment of a claim of \$100* Assessment of second claim of any amount * *Mandatory disqualification for 1 year	<input type="checkbox"/>	Purchased or attempted to purchase more WIC food than authorized.
<input type="checkbox"/>	Stole WIC benefits from local clinic or other participant.	<input type="checkbox"/>	Purchased or attempted to purchase unauthorized food with WIC purchase.
<input type="checkbox"/>	Verbal abuse of WIC staff, food retail staff or farmer.	<input type="checkbox"/>	Benefit cashed outside of valid dates. (Early or late cashing)
<input type="checkbox"/>	Received or attempted to receive change from WIC purchase.	<input type="checkbox"/>	Redeeming WIC benefit(s) at store nor listed as an authorized retailer.
<input type="checkbox"/>	Returned or attempted to return WIC foods for cash.	<input type="checkbox"/>	"No signature" on benefit – did not respond to clinic notification to go to store to sign benefit.
<input type="checkbox"/>	Redeemed or attempted to redeem benefits reported lost or stolen.	<input type="checkbox"/>	Other (explain)
<input type="checkbox"/>	Intent to sell WIC foods and/or benefits.		

Complaint: Briefly describe how complaint was received. Attach copies of benefits, retailer complaint, or other documents supporting case.

Participant Statement:

Decision:

- _____ Keep participant on program, evidence does not support fraud and abuse allegations.
- _____ Keep participant on program, education and warning letter given. (Attach copy of Warning Letter).
- _____ Keep participant on program until DPHHS resolves.
- _____ Disqualify participant for _____ months. (Attach copy of Notice of Ineligibility/End of Certification Form).
- _____ Other. Specify: _____

Additional Comments:

Participant Signature

Date

WIC Staff Signature

Date

INSTRUCTIONS: Scan into participant folder.

Send originals to: Montana WIC Program
Retail Services
Dept. of Public Health and Human Services
PO Box 202951
Helena, MT 59602-2951

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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